Request for Quotation/ Invitation To Bid Issued by State of Indiana

Vendor Remit to: PUBLIC NOTICE TO VENDORS

STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION IN

Name&Address

999999999

of Vendor:

PUBLIC NOTICE TO VENDORS

STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION IN

Please Follow Instructions Included in Solicitaion Package

Must be returned by(time and date) 12/12/2003 15:00:00 Request Information from Buyer listed in Box in Upper Right Corner

RFQ/ITB Date **Delivery Date** Page ASA4-4-20A 01/01/2004 1 **of**

Fund/Object/Center: Dept Number:

Project Number:

Requisition No: ASA4-4-20 (C44-4-005)

Buver: **CATKINSO**

Reporting Code:

Federal ID:

Agency Number:

00061

Facility:

Ship To: Various

Various IN 00000

**NOTICE: All prices are assumed valid for ninety (90) days from quotation/bid unless otherwise stated.

Line Quantity

UOM Item No/Description

(FOB Destination)

Unit Price Extended Amt

This is a request to establish a Quantity Purchase Agreement for Fully Encapsulating Hazardous Materials Suits to begin January 1, 2004 or from date of last State signature, whichever is later, and end December 31, 2004 or one year after the State's last signature, whichever is later. QPA can be mutually renewed yearly for three additional years under the same terms and conditions. Renewals subject to the approval of the Department of Administration and the State Budget Agency. Total term of this agreement including all renewals, shall not exceed four years. Supply the name and phone number of the contact for placing orders: Name:

Phone No:

Fax:

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates, could be more or less.

The awarded vendor must maintain, at a minimum, the following information and be capable of supplying a report within one week of a request by the State:

- 1. Quantity and Type of Fully Encapsulating Hazardous Materials Suit, including any options, purchased by any State Agency and/or Political Subdivision, separated by each.
- 2. Total Dollar value of purchases made, separated by State Agency and/or Political Subdivision.

Price for shipping should be included in the price of each suit.

See attached specifications.

If a listing of All State Agency locations/addresses are needed, you can find this information at www.in.gov/idoa/proc under State Wide Purchasing Administrators.

1	165.0000	EA

Large - Lakeland Model# TK655 w/Aluminized Fiberglass Overcover

or equivalent

Freight Terms: FOB DEST Ship Via: VENDOR

2 165.0000 EΑ

XL-Lakeland Model# TK655 w/Aluminized Fiberglass Overcover or

equivalent

Freight Terms: FOB DEST Ship Via: VENDOR

3 165.0000 EΑ

2XL Lakeland Model# TK655 w/Aluminized Fiberglass Overcover or

equivalent

Freight Terms: FOB DEST Ship Via: VENDOR

4 165.0000 EΑ

3XL Lakeland Model# Tk655 w/Aluminized Fiberglass Overcover or

equivalent

To be valid, all Quotations/Bids must be Signed manually.	Representative Signature certifies no quotation/bid on this request has been submitted by officers, representatives or an affiliate of this firm under another name.		When can you ship?
The State of Indiana reserves the right to accept or reject			
whole or any part of, the foregoing Quotation/Bid.	Please correct above Address	Typed Name of Representative	Telephone Number
		Title of Representative	Date of Quotation

Request for Quotation/ Invitation To Bid Issued by State of Indiana

Vendor Remit to: PUBLIC NOTICE TO VENDORS

STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION IN

Name&Address

999999999

of Vendor:

PUBLIC NOTICE TO VENDORS

STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION IN

Please Follow Instructions Included in Solicitaion Package

Must be returned by(time and date) 12/12/2003 15:00:00 Request Information from Buyer listed in Box in Upper Right Corner

RFQ/ITB Date **Delivery Date** Page ASA4-4-20A 01/01/2004 2 **of** 2

Fund/Object/Center:

Dept Number: **Project Number:**

Requisition No: ASA4-4-20 (C44-4-005)

CATKINSO Buyer:

Reporting Code:

Federal ID:

Agency Number:

00061

Facility:

Ship To: Various

Various IN 00000

**NOTICE Line Qua		sumed va UOM	lid for ninety (90) days from quotation Item No/Description	n/bid unless otherwise stated. (FOB Destination)	Unit Price	Extended Amt
			Freight Terms: FOB DEST	Ship Via: VENDOR		
5	165.0000	EA	4XL Lakeland Model# TK655 w/Al equivalent	uminized Fiberglass Overcover or		
			Freight Terms: FOB DEST	Ship Via: VENDOR		
6	165.0000	EA	5XL Lakeland Model# TK655 w/Al equivalent Freight Terms: FOB DEST	uminized Fiberglass Overcover or Ship Via:VENDOR		
_	405 0000		Freight Terms. FOB DEST	Ship via. VENDOR		
7	165.0000	EA	Large Lakeland Model# TK654W (Freight Terms: FOB DEST	or equivalent Ship Via :VENDOR		
8	165.0000	EA	XL Lankeland Model# TK654W or Freight Terms: FOB DEST	equivalent Ship Via: VENDOR		
9	165.0000	EA	2XL Lakeland Model# TK654W or Freight Terms: FOB DEST	equivalent Ship Via:VENDOR		
10	165.0000	EA	3XL Lakeland Model# TK654W or Freight Terms: FOB DEST	equivalent Ship Via :VENDOR		
11	165.0000	EA	4XL Lakeland Model# Tk654W or Freight Terms: FOB DEST	equivalent Ship Via :VENDOR		
12	165.0000	EA	5XL Lakeland Model# Tk654W or Freight Terms: FOB DEST	equivalent Ship Via :VENDOR		

To be valid, all Quotations/Bids must be Signed manually.	Representative Signature certifies no quotation/bid on this request has been submitted by officers, representatives or an affiliate of this firm under another name.		When can you ship?
The State of Indiana reserves the right to accept or reject			
whole or any part of, the foregoing Quotation/Bid.	Please correct above Address	Typed Name of Representative	Telephone Number
		Title of Representative	Date of Quotation